

who, during many years, have availed themselves of staff rounds facilities.

U. C. Medical School at U.C.L.A., in Los Angeles.—Concerning the new school to be established in Los Angeles, in conjunction with the University of California at Los Angeles, plans have not been publicized. Little more is known at this time, than the action recently taken by the U. C. Regents, regarding which editorial comment was made in *CALIFORNIA AND WESTERN MEDICINE* for November, 1945, on page 208.

In Los Angeles, two Class A medical schools have been carrying on undergraduate work—the present University of Southern California Medical School since 1928, and the College of Medical Evangelists since 1909.

Ample clinical facilities are provided through the large Los Angeles County General Hospital, a public hospital, which in the year ending July 1, 1945, admitted 58,024 patients, the bed-patient capacity being about 3,000.

What portion of the instruction in the new medical school will be given on the Westwood campus of U.C.L.A. has not been stated. Whether and how the out-patient facilities of the present Los Angeles Medical Department of the University of California at 737 North Broadway will be utilized is also not known. This property, extending from Broadway to Castelar Street, was formerly owned by a non-profit corporation composed of faculty members of the former College of Medicine of the University of Southern California, who deeded the property to the University of California in 1909, with the stipulation that the U. C. Regents should maintain in Los Angeles a medical school. To the writer, who is the only living member of the non-profit corporation that gave the North Broadway property to the University of California, the recent action of the University of California to establish a high grade medical school in Los Angeles naturally has a special interest. The development of this new medical school in California will be watched with much interest. (Bill was signed Feb. 20, 1946.)

PRINTING PROBLEMS IN RELATION TO CALIFORNIA AND WESTERN MEDICINE

Why Delay in Appearance Has Been Unavoidable.—Among readers of *CALIFORNIA AND WESTERN MEDICINE*, there can be some who may have been annoyed at the somewhat irregular appearance of the monthly issues. The fact is acknowledged and what is here stated is in way of explanation.

During the last five years, the schedules and procedures that were in vogue in the offices of many physicians through the late thirties were often seriously disarranged. A similar experience was had by many business groups.

In the printing trade, for instance, securing an ample supply of paper stock was not a simple matter. Witness, the constant appeal of newspapers to turn in all old paper for re-use and remake in order to conserve newsprint. However,

paper stock, ink and other supplies were only a part of the burdens of printing office executives. The skilled manpower so much needed, such as composers, press and bindery men and assistants,—the lack of these was also part of the problem during the war years. And, little could be done about it. The major military conflicts had first to be won.

CALIFORNIA AND WESTERN MEDICINE has suffered with other publications. Appreciation is expressed that practically no criticisms came to the editorial desk,—a tribute to the coöperative and kindly thought of C.M.A. members. For this, thanks.

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Comments of the New York State Journal of Medicine.—It is possible, however, that some readers may have felt that certain delays and other procedures should not have happened. For such colleagues, the perusal of an excerpt from an editorial in the *New York State Journal of Medicine* may be reassuring.

Quotation follows:

"Necessarily the war, difficulties with paper, and delays in printing-plant schedules have interfered with normal production. . . . Restrictions on travel and the holding of meetings has severely cut the normal inflow of scientific articles which ordinarily have been derived from the Annual and District Branch meetings. These difficulties have taxed greatly the resourcefulness of the Managing Editor and the associate editors in coping with this situation. . . .

"The *Journal* has been late, it is true, but it has eventually appeared. The good nature of our members, our subscribers, our printers, and advertisers under these circumstances has been a constant source of gratification to the *Journal* management. Apparently we have a host of friends whose patience is only exceeded by their good manners. We want them to know that we are appreciative, and that we shall not abuse the courtesy which they have extended to us in a difficult period. On our part every effort will be made, as rapidly as circumstances permit, to raise the standards of the *Journal*, to bring it out on schedule, and to increase the amount of scientific material published."

Müller's Sign.—Doctors and students alike come from all over the world to attend the clinical lectures of Friedrich von Müller in Munich. The father of modern diagnostic routine, he possessed the ability to explain the most difficult things with the utmost clarity, and this made his clinic one of the most frequented in Europe. He had himself been a pupil of Voit and Gerhardt. Increased metabolism in exophthalmic goiter was first noted by Müller in 1893.—Warner's *Calendar of Medical History*.

Sir Joshua Reynolds (1723-1792).—It is the year 1789. Reynolds, finishing a portrait of Lady Beauchamp, is suddenly annoyed by a dimness in his left eye. Rubbing does not remove it and he must leave off work. Within ten weeks, the sight of the eye is entirely gone, and he must give up painting permanently. Though Reynolds has up to this time been practically free from physical disabilities, he accepts this calamity calmly and even cheerfully. A grave liver derangement, diagnosed too late, was the cause of his death three years later.—Warner's *Calendar of Medical History*.